

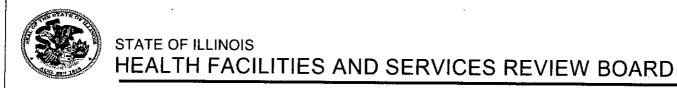
Project Number: 18-042

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

	Name (Please Print) LEGIE M. P. City Quivay State 11	5)ase L zip (0230)
I.	REPRESENTATION (This section is to be filled if the witness is entity:) Entity, Organization, etc. represented in this appearance of the section is to be filled if the witness is entity:)	earance (i.e., ABC Concerned Citizens for
II.	POSITION (Circle appropriate position) Support Oppose	Neutral



Public Hearing Appearance Only Registration Form

IDENTIFICATION Name (Please Print) Tim Altman

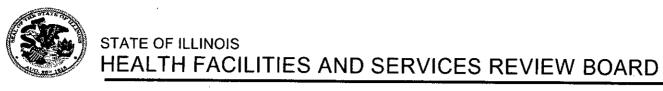
City Quinty State 12 Zip 62305

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



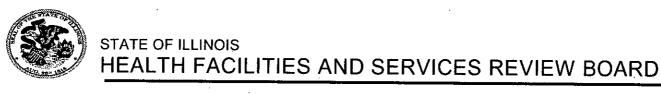
Project N	Number: 18-042
l.	Name (Please Print) Kyle Otten
	City Quincy State IL zip 62305
И.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Oving Medical Group-marketing
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

Name (Please Print)	acheal Raleic	3h
City Quincu	State TL	zip <u> 6230</u>
REPRESENTATION (This se	ction is to be filled if the witness is appea	aring on behalf of any group, organization or ot
Health Care)		nce (i.e., ABC Concerned Citizens f
Quincy	medical Grow	p-marketing
POSITION (Circle approp	riate position)	
Support	Oppose	Neutral .



Public Hearing Appearance Only Registration Form

IDENTIFICATION
Name (Please Print) At a Chelent

City Ouncy State D Zip (2236)

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) QmG



Project Number: 18-042

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

II. POSITION (Circle appropriate position)

Support

Oppose

Neutral



Support

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

ŧ.	Name (Please Print) Jennifer Sonsa
	City Quincy State Illinois zip 6230)
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care)
	Astacle Quincy Medical Group
	Historic Quincy Business District Board
) member

Oppose

Neutral



Facility Name: Quincy Medical Group Surgery, Quincy

.	· IDENTIFICATION Name (<i>Please Print</i>)	Eri	<u>c</u> Si	ieck		
	City QUir	14	State	11	Zip	6230

entity.) Entity Orgániz:	ation atc represe	inted in this annex	arance (i.e., ABC Co	ncerned Citizen
Health Care)	ation, etc. represe	inted in this appea	irance (i.e., Abe et	meerned entrem
·				
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III. POSITION (Circle appropriate position)

	Support	
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Project Number: 18-042

Oppose

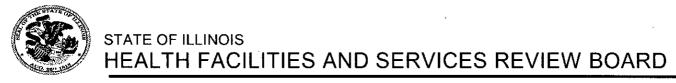
Neutral



Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I.	Name (Please Print) MAriA Berhorst
	City Quincy State Ic zip 423)
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	Number: 18-042
î.	IDENTIFICATION Name (Please Print) Kimberry Lawrence
	City Drincy State I) zip [1230]
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) Quincy Medical CRASH
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III.	POSITION (Circle-appropriate position)
(Support Oppose Neutral
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Public Hearing Appearance Only Registration Form

IDENTIFICATION Name (Please Print)

City Cut NCCy State IR zip Color or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

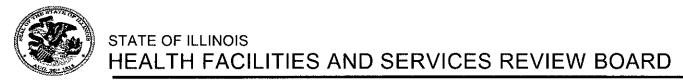
Support Oppose Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility Name: Quincy Medical Group Surgery, Quincy			
-	Number: 18-042		
I.	Name (Please Print)		
	City Gurrey State IL zip 623.0		
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)		
,	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)		
′ III.	POSITION (Circle appropriate position)		
. (Support Oppose Neutral		



Project	Number: 18-042	•	
.l.	IDENTIFICATION Name (Please Print)	ah Fredman	
	city alling	State)	zip <u>6</u> 2301
II.	entity.)	on is to be filled if the witness is appearing on epresented in this appearance (i.	
•			
III.	POSITION (Circle appropri	ate position)	
	Support	Oppose	Neutral



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Anne (Please Print) Sie Koeffens

Facility Name: Quincy Medical Group Surgery, Quincy

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

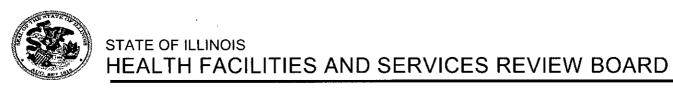
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

l.	Name (Please Print) + hy a Dege
	City QMNQY State 72 Zip Q230
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care)
	QMB
Ш.	POSITION (Circle appropriate position)
	Support Oppose Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project N	Number: 18-042
I.	Name (Please Print) AMU Edwards
	City Duny State L zip 62301
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Quincy Medical Group
:	
III.	POSITION (Circle appropriate position)
/	Support Oppose Neutral
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

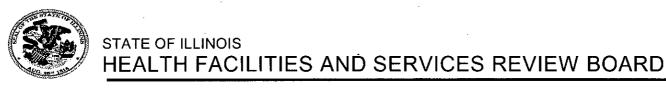
Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

ojec	t Number: 18-042
l.	Name (Please Print) Shauna Harnson
	City Quincy State IL zip 62301
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Ouncy Medical Group.
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Public Hearing Appearance Only Registration Form



Facility Name: Quincy Medical Group Surgery, Quincy Project Number: 18-042 ١. **IDENTIFICATION** REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other 11. Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) III. POSITION (Circle appropriate position) Neutral Support Oppose



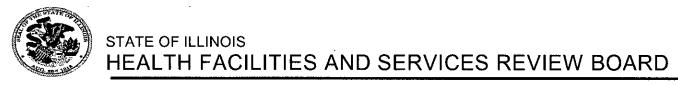
STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

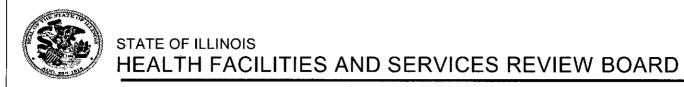
Project Number: 18-042

l.	IDENTIFICATION Name (Please Print)	M'hlauchte	u.
	city Quincy	State	zip 62305
II.	REPRESENTATION (This section is to be j	filled if the witness is appearing o	on behalf of any group, organization or other
	Entity, Organization, etc. represent Health Care)	ited in this appearance (i.e., ABC Concerned Citizens for
III.	POSITION-(Circle appropriate posi	ition)	
1	Support	Oppose	Neutral



Public Hearing Appearance Only Registration Form

Project Number: 18-042 IDENTIFICATION ١. Hannah Bewn Name (Please Print) __ Zip 6340 1 II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) 111. POSIFION (Circle appropriate position) Oppose Neutral Suppor



Facility Name: Quincy Medical Group Surgery, Quincy

Project N	Number: 18-042
I.	Name (Please Print) Amy Bange H
:	City Quina State IL zip (e2301
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III. 	POSITION (Circle appropriate position)
(Support Oppose Neutral



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project N	lumber: 18-042
l.	IDENTIFICATION Name (Please Print) Taren Swess
	City QUNU State IL Zip 62301
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
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III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

IDENTIFICATION
Name (Please Print)

Smith Cherce

City Qlain a State Zip 63301

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

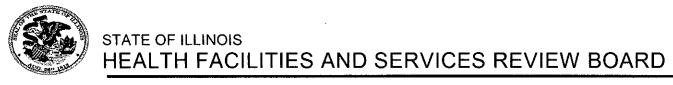
When Media Croup

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Project	Number: 18-042
l.	Name (Please Print) Tasha Hiland
	city Camp Point State Il. zip 62320
Ŋ.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Quina Medical Group
	·
111.	POSITION (Circle appropriate position)
111.	
	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

IDENTIFICATION
Name (Please Print) Dolly Little

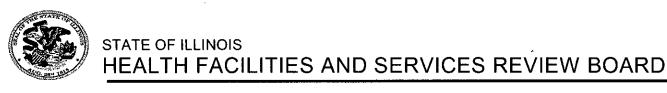
City Me General State Zip 62353

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Different Position (Circle appropriate position)

Support Oppose Neutral



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) Whitny Coburn
City Griggari Le State Zip 62340

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Duing Mai Cal Grup

III. POSITION (Circle appropriate position)
Support Oppose Neutral



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STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

POSITION (Circle appropriate position)

Support

I. IDENTIFICATION August Clusts

City State JL Zip 62 70 S

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Oppose

Neutral



Project Number: 18-042

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REPRESENTATION	(This section is to be	filled if the witne	ss is appearing on beh	alf of any group, organizatio
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Health Care)				
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

I. IDENTIFICATION Tend S. Jones

City La Grange State Mo zip 63448

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Quincy Medical Group

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Project P	Number: 18-042
l.	Name (Please Print) SBROCKWILLER
	City COWUT State IL zip 62305
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
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UI.	POSITION (Circle appropriate position)
/	Support Oppose Neutral



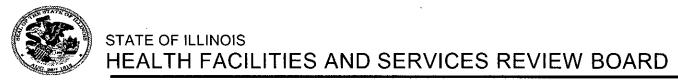
Project Number: 18-042

Support

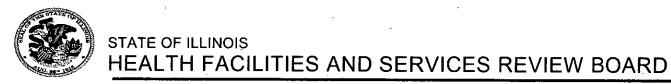
Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

IDENTIFICATION Name (Please Print)	Paula	Connel	4	•
City Ouina	State	e	zip 62	305
REPRESENTATION (This	section is to be filled if the wi	itness is appearing on b	ehalf of any group, organization	n or other
Entity, Organization, 6 Health Care)	etc. represented in this	s appearance (i.e	., ABC Concerned Citize	ens for
	 			
POSITION (Circle appl		4		



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ntity.) Entity, Organization, etc. represented in this appearan Health Care) O	
intity, Organization, etc. represented in this appearan lealth Care)	ce (i.e., ABC Concerned Citiz
Health Care)	ce (i.e., Abe concerned citiz
	
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Facility Name: Quincy Medical Group Surgery, Quincy

Project	Number:	18-042
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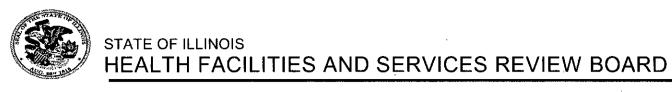
City MAYWOOD	Sta	HERND te MU		Zip_634
			·	
REPRESENTATION (This se	ction is to be filled if the	witness is appearing	on behalf of any gr	oup, organization
entity.)				
Entity, Organization, etc.	. represented in th	nis appearance	(i.e., ABC Con-	cerned Citize
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POSITION (<i>Circle approp</i>	riate position)			
POSITION (Circle approp	riate position)			



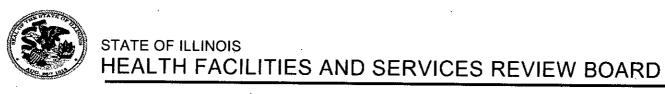
Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

IDENTIFICATION Name (Please Print)	Brandon	Selle	
City Hanniba	State	MO	Zip 6340
	section is to be filled if the witne.	ss is appearing on behalf (of any group, organization or ot
Health Care)	tc. represented in this a		C Concerned Citizens f
Quincy Me	dical Group	<u> </u>	
		·- ···	
POSITION (Circle appr	opriate posi <u>t</u> ion)		
Support	Oppose	Neu	tral



lumber: 18-042		
IDENTIFICATION Name (Please Print)	n Leimbach	
City Quincy	State	zip 62301
REPRESENTATION (This section entity.)	n is to be filled if the witness is appearing o	on behalf of any group, organization or other
Entity, Organization, etc. re Health Care)	epresented in this appearance (i.e., ABC Concerned Citizens for
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POSITION (Circle appropria	ate position)	
Support	Oppose	Neutral



Project Number: 18-042

Public Hearing Appearance Only Registration Form

II. POSITION (Circle appropriate position)

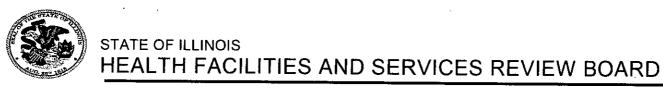
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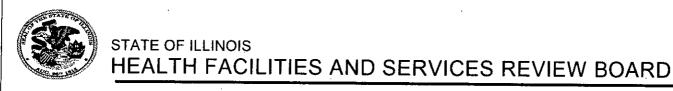
State I Zip Odd On This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

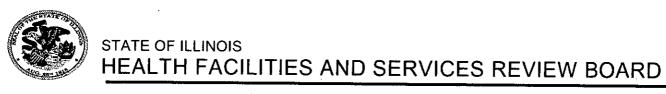
Oppose Neutral



Public Hearing Appearance Only Registration Form

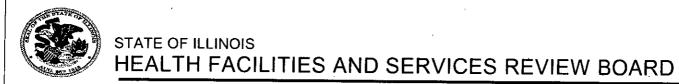


Public Hearing Appearance Only Registration Form



Public Hearing Appearance Only Registration Form

Project I	Number: 18-042
ŧ.	Name (Please Print) Diane Gerards-Berly C
	city Drin Cer State IL zip 6230
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
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ŧII.	POSITION (Circle appropriate position)
fil.	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

Name (Please Print)	50	Bark		
City Canton		_StateS	7	_Zip <u>\e3</u>
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Entity, Organization, etc. Health Care)	represented	in this appeara	nce (i.e., ABC Cor	cerned Citizen
				
POSITION (Circle generon	rigta position			
POSITION (Circle approp	riate position			



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

I. IDENTIFICATION
Name (Please Print)

City State IC Zip 6230.

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

W. LETS INS. Gray

III. POSITION (Circle appropriate position)

Support Oppose Neutral

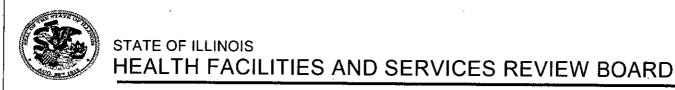


HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project	Number: 18-042		
l.	IDENTIFICATION Name (Please Print)	STEPHANY DAR	BAGIOUANNI
	City QUINEY	State	Zip
II.	REPRESENTATION (This section entity.)	tion is to be filled if the witness is appearing on behal	f of any group, organization or other
	Entity, Organization, etc. Health Care)	represented in this appearance (i.e., A	BC Concerned Citizens for
III.	POSITION (Circle appropri	iate position)	
	Support	Oppose Nei	ıtral



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) LINDA CHEZEM

City Quing State IC Zip 6305

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Employers Aeathur Caraltura

III. POSITION (Circle appropriate position)

Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Projec	ject Number: 18-042	
l.	I. IDENTIFICATION Name (Please Print) Potnik Roges	
	City Quiney State 16	Zip 62301
II.	I. REPRESENTATION (This section is to be filled if the witness is appearing on be entity.) Entity, Organization, etc. represented in this appearance (i.e. Health Care) Organization Medial grange	
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Ш.	I. POSITION (Circle appropriate position)	
	Support Oppose N	Neutrai



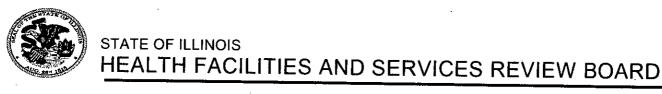
Project Number: 18-042

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

IDENTIFICATION Name (Please Print)	Jo	Hunt	
City Q CY	State		ip 62301
REPRESENTATION (This section is to be fill entity.) Entity, Organization, etc. represented Health Care)			
citize	n		
POSITION (Circle appropriate position	on)		
	Oppose	Neutral	



Public Hearing Appearance Only Registration Form

Project Number: 18-042

I. IDENTIFICATION Alison Vander Leg

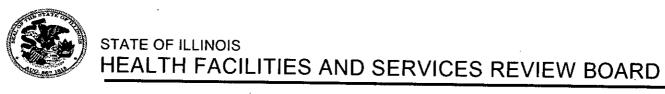
City Qin Gy State L Zip U230 S

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral

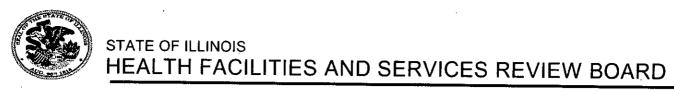


Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

IDENTIFICATION Name (Please Print)	ABRAM Q	ISEN DAR	FER		·
City	WINCY	State	IL	Zip	6230.
REPRESENTATION (This section is to be f	illed if the witne	ss is appearing on b	ehalf of any group, org	ganization or o
Entity, Organization Health Care)	n, etc. represen	ted in this a	ppearance (i.e.	, ABC Concerne	d Citizens f
				<u> </u>	· · · · · · · · · · · · · · · · · · ·
POSITION (<i>Circle ap</i>	opropriate posit	ion)	,		
Support		Oppose	٩	leutral	



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City

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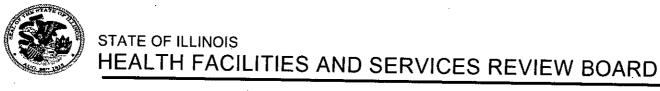


HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

oject	Number: 18-042
1.	Name (Please Print) Lawa Tenhouse
	City State De Zip
il.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Carely ty Power a Home
III.	POSITION (Sircle appropriate position)
	Support Oppose Neutral



Project Number: 18-042

Public Hearing Appearance Only Registration Form

II. IDENTIFICATION | Color | C



Project Number: 18-042

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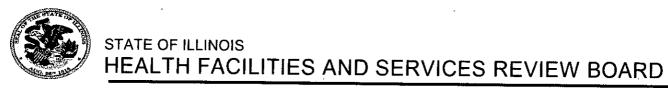
Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

IDENTIFICATION Name (Please Print)	ANTHONY	CPANE	
City QUINO	State	11_	zip 62301
REPRESENTATION (7.	his section is to be filled if the witness	is appearing on behalf of any	group, organization or other
-	etc. represented in this ap	pearance (i.e., ABC Co	ncerned Citizens for
POSITION (Circle app	propriate position)	,	

Oppose

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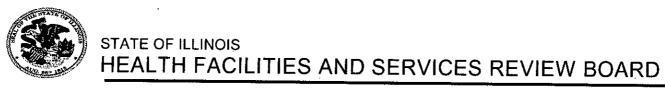


Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

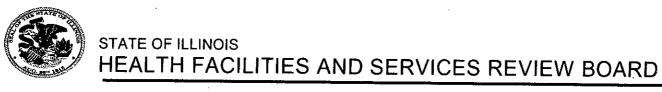
Name (Please Print) Erin E Florea
City Ollin Cy State IL zip 6230
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
Health Care) Olymon Medical Grown
POSITION (Circle appropriate position)
Support Oppose Neutral



Project Number: 18-042

Public Hearing Appearance Only Registration Form

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Health Care)	CO IN	6-			
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POSITION (Circle appropriate position)

Project Number: 18-042

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Public Hearing Appearance Only Registration Form

I. IDENTIFICATION

Name (Please Print) SINOBOS VARBAGOS, M.D.

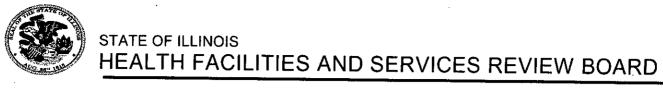
City Quncy State IL Zip 62-30S

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

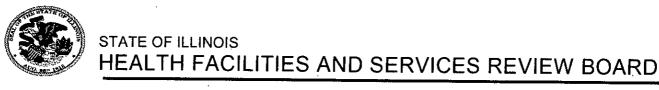
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Neutral



Public Hearing Appearance Only Registration Form

Project Number: 18-042 I. **IDENTIFICATION** Name (Please Print) EPIC FYNN- THOMPSON City QUINCY State 14 Zip 62305 REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other II. entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) medical Group Physician III. POSITION (Circle appropriate position) Support Oppose **Neutral**



Public Hearing Appearance Only Registration Form

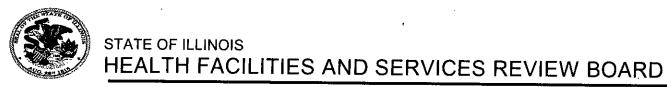
I. IDENTIFICATION
Name (Please Print)

City State Tip (2305)

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project I	Number: 18-042
l.	Name (Please Print) Wichelle Lavon
	City Winer State IL zip 6230/
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Anny Medical Group
III.	POSITION (Circle appropriate position) Support Oppose Neutral
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Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

ł.	IDENTIFICATION Name (Please Print) Frica	Douglas		
	city Quincy	_State	Zip	62305
IJ.	REPRESENTATION (This section is to be filled entity.)	if the witness is appearing o	on behalf of any group, orgo	anization or other
	Entity, Organization, etc. represented Health Care)	in this appearance (i.e., ABC Concerned	Citizens for
	Orning Medicil	Group		
III.	POSITION (Circle appropriate position))		
	Support	ppose	Neutral	



Project Number: 18-042

Support

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

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	ation, etc. represe	nted in this app	pearance (i.e.,	ABC Concerned Ci
Health Care)	QM6			
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Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

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Health Care))	
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POSITION (Circle appropr	riate position)	
(Support)	Oppose	Neutral
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Public Hearing Appearance Only Registration Form

Project N	Number: 18-042		
l.	IDENTIFICATION Name (Please Print)	ns Bunge	
	city <u>Golden</u>	State IL	zip 62339
II.	REPRESENTATION (This section is to be filled entity.)	if the witness is appearing on t	pehalf of any group, organization or other
	Entity, Organization, etc. represented	in this appearance (i.e	e., ABC Concerned Citizens for
	Health Care) Medica	Group	
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III.	POSITION (Circle appropriate position))	
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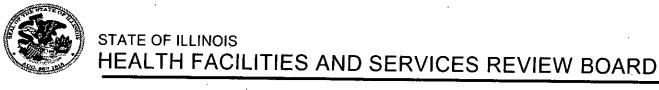


Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

Name (Please Print)	une Whenever	
city Quivay	State <u>IL</u>	zip (0230)
entity.)	s to be filled if the witness is appearing on be resented in this appearance (i.e.,	
POSITION (Circle appropriate	position)	
Support		leutral



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print) ATTHLEEN E. LOTZ

City ALL Zip 42305

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

All DENTIFICATION

Tip 42305

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS

Facility Name: Quincy Medical Group Surgery, Quincy

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

IDENTIFICATION
Name (Please Print)

City

State

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Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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POSITION (Circle appropriate position)

Support

Oppose

Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I. IDENTIFICATION Grap Andrews
Name (Please Print)

City State IL zip 62-205

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
Support Oppose Neutral



Public Hearing Appearance Only Registration Form

Project	Number: 18-042		
1.	IDENTIFICATION Name (Please Print) Jacks	Son D. Real	
	City Ouincy	State Illinois	zip_62305
II.	REPRESENTATION (This section is entity.)	is to be filled if the witness is appearing on behalf (of any group, organization or other
	Entity, Organization, etc. rep Health Care)	resented in this appearance (i.e., AB	C Concerned Citizens for
IIJ.	POSITION (Circle appropriate	e nosition	
		, posiciony	
	(Support)	Oppose Neut	ral



STATE OF ILLINOIS

Facility Name: Quincy Medical Group Surgery, Quincy

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

I. IDENTIFICATION
Name (Please Print) Catherine State The Zip John State The Zip John State The State The John State The John



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facilit	y Name: Quincy Medical Group Surgery, Quincy
Projec	ct Number: 18-042
l.	Name (Please Print) Timbuy GRIMM City MONTOR CITY State MO Zip 63156
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
HII.	POSITION (Circle appropriate position) Support Oppose Neutral



Project Number: 18-042

Facility Name: Quincy Medical Group Surgery, Quincy

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

1.	IDENTIFICATION Name (Please Print) Kim Brenner
	City QUIRCY State II zip 62305
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Quinay medical group
III.	POSITION (Circle appropriate position) Support Oppose Neutral



Facility Name: Quincy Medical Group Surgery, Quincy

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Ojeci	Number: 18-042
4.	Name (Please Print) Christine H Drebes
	City QUINCY State 1L Zip 62305
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Duincy Medical Group.
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

I. IDENTIFICATION Hema GUNDAMENT

City JIN Cy State TL zip 62305

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral

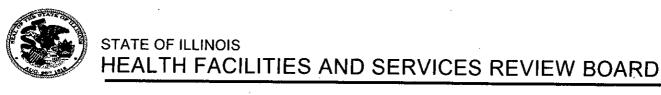


Facility Name: Quincy Medical Group Surgery, Quincy

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project Number: 18-042			
1.	Name (Please Print) Sava E-Reddick		
	City Quncy State L zip 6230/		
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)		
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for		
	Health Care) Quncy medical Grup		
	Self empland		
ill.	POSITION (Circle appropriate position)		
(Support Oppose Neutral		



Facility Name: Quincy Medical Group Surgery, Quincy

Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City

State

State

Zip

(2305)

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

l.	Name (Please Print) PRAShakur, G'Chanekar.
	City J, Nu State TL zip 62305
H.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
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1 11.	POSITION (Circle appropriate position)
	Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project i	Number: 18-042
l.	Name (Please Print) Jennifer Roberts
	City Quincy State Il zip 62301
Ħ.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) Quincy Medical Croup Staff
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zeemann** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concellealth Care) POSITION (please circle appropriate position) Support Oppose Neutral	
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Entity, Organization, etc. represented in this appearance (i.e., ABC Conce Health Care) POSITION (please circle appropriate position) Support Oppose Neutral	ιρ, organization α
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Testimony (please circle)	
Oral Written	





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Registration Form

APPEARANCE

1. IDENTIFICATION Robert (1)	
Name (Please Print)	lar
I. IDENTIFICATION Robert Well Name (Please Print) City Quivay State	zip 62301
II. REPRESENTATION (This section is to be filled if the witness is ap	pearing on behalf of any group, organization or other
Entity, Organization, etc. represented in this appea	rance (i.e., ABC Concerned Citizens for
Health Care) Wealth C	a.
	
III. POSITION (please circle appropriate position)	,
Support Oppose	Neutral
IV. Testimony (please circle)	





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zermann** Registration Form

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acinty	Name: Quincy Medical Group Surgery, Quincy	here at 515	
roject	Number: 18-042	•	
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	City Quincy State II	zip 62 305	<i>પ</i> લા
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf entity.)	f of any group, organization or other	
	Entity, Organization, etc. represented in this appearance (i.e., Al Health Care)	BC Concerned Citizens for	
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· III.	POSITION (please circle appropriate position)		
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	the norther to themselves, be	It a monopoly is	





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Jewississ** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

1.	IDENTIFICATION	100 1100 1100	بيميام	
	Name (<i>Please Print</i>)	recutry your	nonney	
	city Quincy	State	Zip_	L0301
II.	REPRESENTATION (This section is entity.)	to be filled if the witness is app	earing on behalf of any group, c	organization or other
	Entity, Organization, etc. repr	esented in this appear	ance (i.e., ABC Concern	ed Citizens for
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zection** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

1.	IDENTIFICATIO Name (Please P	1 h a	anda	Wangle	R	
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IV.	Testimony (pled	ase circle)				
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Zealing Registration Form

APPEARANCE

Project I	Number: 18-042
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	Name (Please Print) CUTO DO H

	Name (Please Print)	seth M. Klinge	<u>`</u> e	
	city Ollhay	State <u>I</u>	Zip	62305
II.	entity.)	s to be filled if the witness is appearing on		
	Health Care)	resented in this appearance (i.	e., ABC Concerne	d Citizens for
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III.	POSITION (please circle appr	opriate position)		·
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IV.	Testimony (please circle)			·
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Teaching Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

IDENTIFICATION			
Name (Please Print) nq	ela Thompson		·
city Quinay	State $_{_}$ $_{\mathcal{I}}$	L.	Zip 62301
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Quincy medic	al Group		
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		Neutral	
Support		Neutral	.





STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zealing** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

1.	IDENTIFICATION Name (Please Print)	le Maso	<u>/</u>	
	Name (Please Print) 1 V 1 CO	111000		
	city Ollincy	State	I)	zip 62301
11.	REPRESENTATION (This section is to entity.)	be filled if the witness is o	appearing on behalf of any g	aroup, organization or other
	Entity, Organization, etc. repre	sented in this appe	arance (i.e., ABC Cor	ncerned Citizens for
	Health Care) OM G - RW)		
				
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	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written	•	





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

Name (Please Print)	Melissa	6 abrel	
city Oreinc	State	IL	zip 630/
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Health Care) (5	- Nurs	ing A	ortt
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Testimony (please circle))		
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STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project Number	: 18-042
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I.	IDENTIFICATION ()	n ()	11 16		
	Name (Please Print)	enda	Hacke	mach	
	city Quincy		State	lin Dis	zip 623 05
	1			•	
II.	REPRESENTATION (This section of the section)	tion is to be filled i	f the witness is app	earing on behalf of any g	roup, organization or other
	Entity, Organization, etc.	represented	in this appear	ance (i.e., ABC Cor	ncerned Citizens for
	Health Care)				
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III.	POSITION (please circle o	ppropriate p	osition)		
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IV.	Testimony (please circle)				•
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zealing** Registration Form

APPEARANCE

Project	t Number: 18-042			
l.	IDENTIFICATION Name (Please Print) City June 4	Meberstate IL	zip 423	ZO/
H.	entity.)		aring on behalf of any group, organization or	
, III.	POSITION (please circle app	propriate position)	,	
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		





STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zealing** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

I.	IDENTIFICATION Name (Please Print)	Haney Rain	s-Eaton
	city Quinay	State I	zip 62301
II.	REPRESENTATION (This section is	to be filled if the witness is appearing on beh	alf of any group, organization or other

J.
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
Health Care) Health Care
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III. POSITION (please circle appropriate position)

Support

Project Number: 18-042

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written





STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zealing** Registration Form

APPEARANCE

Project (Number: 18-042			
1.	IDENTIFICATION Name (Please Print) City	4 Meyly State IL		hip 2701
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	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Learning** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

IDENTIFICATION Name (Please Print)	Erin Sheffel	d
city Quky	State) L	zip 62301
REPRESENTATION (This section of the	tion is to be filled if the witness is appear	ing on behalf of any group, organization or other
Entity, Organization, etc. Health Care)	represented in this appearan	ce (i.e., ABC Concerned Citizens for
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POSITION (please circle a	ppropriate position)	ş
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Testimony (please circle)		
Oral	Written	





Project Number: 18-042

Oral

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zeemann** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

IDENTIFICATION Name (Please Print)	Kathe Sche	10	,
city OUI	hay State J	L zip62	<u>3</u> 0
REPRESENTATION (This so	ection is to be filled if the witness is appe	earing on behalf of any group, organizatio	n or oth
Entity, Organization, etc Health Care)	c. represented in this appeara	ance (i.e., ABC Concerned Citiz	ens fo
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POSITION (please circle	appropriate position)	<i>}</i>	
Support	Oppose	Neutral	
Testimony (please circle)		

Written





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zeemann** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

I.	IDENTIFICATION Name (Please Print)	MARK GOLD	M.D.
	City QUINCY	State LL	Zip 62305
11.	REPRESENTATION (This section entity.)	ion is to be filled if the witness is appearing on	behalf of any group, organization or other
	Entity, Organization, etc. r Health Care)	represented in this appearance (i.e	e., ABC Concerned Citizens for
	PHYSICAN	MENNOSWAGED	m 2 m G PH1 SICIA
III.	POSITION (please circle ap	opropriate position)	,
IV.	Support CON Testimony (please circle)	Oppose	Neutra!
	Oral ·	Written	





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

l.	IDENTIFICATION Name (Please Print)AU	ISTIN H	AKE		
	City CLUINCY	State	CCINOAS Zip 6	2305	
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)				
		presented in this appe	arance (i.e., ABC Concerned Ci	tizens for	
	Health Care) QUINCY	MEDICAL	GROUP		
		- -	* .		
III.	POSITION (please circle appl	ropriate position)	,		
	Support	Oppose	Neutral		
IV.	Testimony (please circle)				
	Oral	Written			





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zeemann** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

IDENTIFICATION Name (Please Print)	Stephanie Rendu	n, mD
City Quiva	∧ State ±ℓ	zip6230/
entity.)		aring on behalf of any group, organization or other nce (i.e., ABC Concerned Citizens for
Health Care)	ncy Medical G	roup Phypician
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	le appropriate position)	Moutral
Support Juliane eire	Oppose	Neutral
Testimony (<i>please circ</i> i	ie)	•
Oral	Written	





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zeemann** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

IDENTIFICATION	A . A			
Name (Please Print)	na Altman	-		
City Qunuy	State	IL	zip623	05
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Entity, Organization, etc. rep	resented in this app	earance (i.e., ABC C	oncerned Citizens	s for
Health Care)		O:	•	•
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POSITION (please circle appr	opriate position)		,	
Support	Oppose	Neutral		
Testimony (please circle)				
Oral	White will	101/24/19		
		1.		





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Leading Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

l.	IDENTIFICATION Name (Please Print)	aliam She	FFGeld	·
	City Quilley	State		Zip_62301
H.	REPRESENTATION (This section is to entity.) Entity, Organization, etc. repre			
	Health Care)	serice in this appear	ance (i.e., Abe cont	
	Quincy Mad	hird Group		
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III.	POSITION (please circle approp	priate position)		<i></i>
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IV.	Testimony (please circle)			. •
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Learning** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

IDENTIFICATION	Spencer	Silolo	
Name (Please Print)	State	4 ,	Zip (0) 2 2 20 (
REPRESENTATION (This sec entity.) Entity, Organization, etc. Health Care)	tion is to be filled if the witne	ess is appearing on behalf o	
		-	•
POSITION (please circle o	ppropriate position)		<i>y</i>
Support	Oppose	Neutr	ral
Testimony (please circle)			
ç Oral	Written		